CITY OF CARMEL FACILITY USE REQUEST FORM

Name/Organization	:
Point of Contact:	
Address:	
City, State, Zip:	
Home Phone:	(Cell Phone: (
Email Address:	Fax Number ()
For Profit Organiza	tion: Non-Profit Organization: Individual:
Day and Date Reque	ested:
Time Requested:	a.m./p.m. to:a.m./p.m. (This includes set-up and clean-up time.)
Rehearsal Date:	Time: a.m./p.m. toa.m./p.m.
City Facility Reques	sted: Gazebo Fountain Area Japanese Garden
Palladium Cente	r Green Caucus Room (1/3) (2/3) Council Chambers
Special Requests:	Electricity Fountain Restroom Other
Purpose:	Number of People Expected:
	No (See Item 5, City of Carmel Facility Use Policy attached) (See Item 9, City of Carmel Facility Use Policy attached)
Large or Race Even	nts:
Neighborhood Stree	et Closing (Street(s), Address(es) Blocked)
	of Public Works and Safety reserves the right, in its sole discretion, to deny lest and/or revoke any previously granted request to use a City facility for
Received this	day of

Mayor's Office

Revised: 01/22/16

ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH CITY FACILITY USE POLICY

I have read and understand the City of Carmel, Indiana ("City") Facility Use Policy and agree to be bound by all the terms and conditions set forth therein.

I will leave the City facility I use in the same condition that it was immediately prior to my use thereof. I agree to pay for any damage, repair or clean-up costs incurred by the City as a result of my use of a City facility.

I hereby certify that I, and the organization I represent, if applicable, agree to be bound by the City's Facility Use Policy and by any addition conditions or restrictions placed upon my/our use of a City facility by the Board. I understand that the Board has the right to deny, alter or revoke my request for the use of a City facility for any lawful reason. I and/or my organization also agree to indemnify and hold harmless the City of Carmel and all of its directors, officers, employees, agents and affiliates from any claims of whatever nature (whether foreseeable or not) arising from or in connection with this Application for any damages, costs or expenses incurred directly or indirectly as a result of my/our use of the City-owned facility and/or property.

Please sign below and deliver or mail the completed form to the <u>City of Carmel, Attn: Lobby Reception Desk, One</u> Civic Square, Carmel, Indiana 46032.

	Approved this	day of	, 201
Name of Organization/Applicant	CITY OF CARMEL, INDIANA By and Through its Board of Public Works and Safety		
Signature of Authorized Agent/ Applicant		ard, Presiding Offic	er
Printed Name and Title (If applicable)		Burke, Member	
Address of Organization/Applicant	Lori Watson Date:		
Date:	-		
	ATTEST:		
		Pauley, Clerk-Treas	surer
Special Conditions:			